

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

Form Approved
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A. SERVICE PROCESSING FOR NANONR	B. NO. DAYS PRIOR SERVICE (Complete (1), (2), or (3)) NONE	(1) DIEUS (YYMMDD) 950821	C. SELECTIVE SERVICE CLASSIFICATION NONE	D. SELECTIVE SERVICE REGISTRATION NO. N/A
		(2) DIERF (YYMMDD)		
		(3) DIERC (YYMMDD)		

SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER	2. NAME (Last, First, Middle Name (& Maiden, if any), Jr., Sr., etc.) MANN, MICHAEL ANTHONY	3. ALIASES NONE
4. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code) 447 WEST 90TH ST. L.A., L.A. CA. USA 90003	5. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code) SAME AS ITEM 4	
6. CITIZENSHIP (X one) <input checked="" type="checkbox"/> a. U. S. AT BIRTH (If this box is marked, also X (1) or (2)) <input checked="" type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S) <input type="checkbox"/> b. U. S. NATURALIZED <input type="checkbox"/> c. U. S. DERIVED THROUGH NATURALIZATION OF PARENT(S) <input type="checkbox"/> d. U. S. NON-CITIZEN NATIONAL <input type="checkbox"/> e. IMMIGRANT ALIEN (Specify) <input type="checkbox"/> f. NON-IMMIGRANT FOREIGN NATIONAL (Specify)	7. SEX <input checked="" type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE	8. POPULATION GROUP <input checked="" type="checkbox"/> a. WHITE <input type="checkbox"/> b. BLACK <input type="checkbox"/> c. ASIAN <input type="checkbox"/> d. AMERICAN INDIAN <input type="checkbox"/> e. OTHER (Specify)
9. ETHNIC GROUP (Specify) NONE	10. MARITAL STATUS (Specify) SINGLE	11. NUMBER OF DEPENDENTS 000
12. DATE OF BIRTH (YYMMDD) 780126	13. RELIGIOUS PREFERENCE (Optional) BAPTIST	14. EDUCATION (Yrs/Highest Ed Gr Compl) HS
15. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify language. If No, enter NONE.) NONE	1st	2nd
16. VALID DRIVER'S LICENSE (Yes or No) (If yes, list state, number, and expiration date) NONE	17. PLACE OF BIRTH (City, State and Country) PHOENIX, ARIZONA USA	

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - GO ON TO PAGE 2, QUESTION 23

18. APTITUDE TEST RESULTS													
a. TEST ID 010	b. TEST SCORES												
AFQT PERCENTILE	GS	AS	MC	VE	AR	PC	NR	ES	AS	MK	MC	VE	
69	10	3	2	3	2	1	5	6	4	1	2	3	4

19. DEP ENLISTMENT DATA								
a. DATE OF DEP ENLISTMENT (YYMMDD) 950825	b. BRO/ACTIVE DUTY DATE (YYMMDD) 960702	c. ES 3	d. RECRUITER IDENTIFICATION 0836000000	e. PROGRAM ENLISTED FOR CAF9SR	f. T.E.MOS/AFS SR	g. WAIVER YYY		

20. ACCESSION DATA												
a. ENLISTMENT DATE (YYMMDD) 950702	b. ACTIVE DUTY SERVICE DATE (YYMMDD) 950702	c. PAY ENTRY DATE (YYMMDD) 950702	d. TOE 4	e. WAIVER YYY	f. PAY GRADE E0	g. DATE OF GRADE (YYMMDD) 950702	h. ES 1	i. YRS/HIGHEST ED GR COMPL 12				
j. RECRUITER IDENTIFICATION 559232803			k. PROGRAM ENLISTED FOR CAF9SR	m. PMOS/AFS YY0W	n. DA W	o. DA W	p. TRANSFER TO (LIC) 30846					

21. SERVICE REQUIRED CODES																																											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20																								
1	8	6	3	5	7	4									9	6	0	7	0	1	3	2	1	7																			
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44																				
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																				
45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68																				
0	0	0	0	0	Y	Y	Y	Y	Y	Y	X	0	0	0	0	0	0	0	0	0	0	0	0																				
69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92																				
0	6	5	1	3	4	B	R	N	B	R	N	0	1																														
93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116																				
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140																				

NAME (Last, First, Middle Initial) **MANN, MICHAEL A.** SOCIAL SECURITY NUMBER .

SECTION III - OTHER PERSONAL DATA

23. EDUCATION

a. List all high schools and colleges attended.				(5) GRADUATE	
(1) FROM (YYMM)	(2) TO (YYMM)	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO
9309	PRESENT	GARFIELD HIGH	LOS ANGELES, CA		<input checked="" type="checkbox"/>
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or the Civil Air Patrol?				YES	NO
					<input checked="" type="checkbox"/>

24. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")

a. Is anyone dependent upon you for support?		<input checked="" type="checkbox"/>	MAM
b. Are you now or have you ever been divorced or legally separated?		<input checked="" type="checkbox"/>	MAM
c. Is any court order of judgment in effect that directs you to provide alimony or support for children?		<input checked="" type="checkbox"/>	MAM

25. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE US GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")

a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?		<input checked="" type="checkbox"/>	MAM
b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?		<input checked="" type="checkbox"/>	MAM
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?		<input checked="" type="checkbox"/>	MAM
d. Have you ever been employed by the United States Government?		<input checked="" type="checkbox"/>	MAM
e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?		<input checked="" type="checkbox"/>	MAM

26. RELIGIOUS BELIEFS (If "Yes," explain in Section VI, "Remarks.")

Are you a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)

YES NO **MAM**

27. CHARACTER AND SOCIAL ADJUSTMENT (If "Yes," explain in Section VI, "Remarks.")

Are you a homosexual or a bisexual? Homosexual is defined as sexual desire or behavior directed at (a) person(s) of one's own sex. Bisexual is defined as sexual desire or behavior directed at both sexes.

Do you intend to engage in homosexual acts (sexual relations with another person of the same sex)?

SECTION IV - CERTIFICATION

28. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)

a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document: that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)	c. SIGNATURE	d. DATE SIGNED (YYMMDD)
MANN, MICHAEL A.	<i>Michael Anthony Mann</i>	950823

29. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)

a. NAME (X one)	b. AGE (X one)	c. CITIZENSHIP (X one)
<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE	<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE	<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE
<input checked="" type="checkbox"/> (2) OTHER (Explain)	<input checked="" type="checkbox"/> (2) OTHER (Explain)	<input checked="" type="checkbox"/> (2) OTHER (Explain)
d. SOCIAL SECURITY NUMBER (X one)	e. EDUCATION (X one)	f. OTHER DOCUMENTS USED
<input checked="" type="checkbox"/> (1) SSN CARD	<input checked="" type="checkbox"/> (1) DIPLOMA	
<input checked="" type="checkbox"/> (2) OTHER (Explain)	<input checked="" type="checkbox"/> (2) OTHER (Explain) WILL GRAD	NONE

30. CERTIFICATION OF WITNESS

a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)	c. PAY GRADE	d. RECRUITER, D.	e. SIGNATURE	f. DATE SIGNED (YYMMDD)
MAYS, KATRINA C.	E-5	559232803	<i>Katrina C. Mays</i>	950823

31. SPECIFIC OPTION / PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES

a. SPECIFIC OPTION / PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc. as specified by sponsoring service - use clear text English.) **ADVANCED ELECTRONICS FIELD-ADVANCED ELECTRONICS COMPUTER FIELD(AEF-AECF) TRAINING**
GUARANTEE/ACTIVE DUTY DATE: 02 JULY 1996/RECRUIT TRAINING COMMAND; GREAT LAKES IL/ENLISTMENT BONUS: \$4000.00/

b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 31. a. above and annexes attached to my Enlistment/ Reenlistment Document (DD Form 4).

c. APPLICANT'S INITIALS **MAM**

NAME (Last, First, Middle, Initial) **MANN, MICHAEL A.** SOCIAL SECURITY NUMBER _____

32. CERTIFICATION OF RECRUITER OR ACCEPTOR
a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) _____ and certify that I have not made any promises or guarantees other than those listed in Item 31 above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) _____ c. PAY GRADE _____ d. RECRUITER I.D. OR ORGANIZATION _____ e. SIGNATURE _____ f. DATE SIGNED (YYMMDD) _____

SECTION V - RECERTIFICATION

33. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY
a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 33" and the correct information is provided below.

b. ITEM NUMBER	c. CHANGE REQUIRED

d. WITNESS (1) TYPED OR PRINTED NAME _____ (2) PAY GRADE _____ (3) SIGNATURE _____ e. APPLICANT (1) SIGNATURE _____ (2) DATE SIGNED (YYMMDD) _____

SECTION VI - REMARKS (Specify item(s) being continued by item number. Continue on separate pages if necessary.)

DD FORM 369 NOT SENT TO LAW ENFORCEMENT AGENCIES. APPLICANT DID NOT SELF-ADMIT TO PAST CRIMINAL ACTIVITY AND IS CONSIDERED A GOOD RISK FOR ENLISTMENT.

[Signature]
R T VALENZUELA PN1 USN
ENLISTED CLASSIFIER PN-2612
BY DIRECTION OF COMMANDING OFFICER

960702: APPLICANT SHIPPED TO RTC GREAT LAKES IL PRIOR TO RECEIPT OF HARD COPY OF BIRTH CERTIFICATE. APPLICANT SHIPPED WITH A COPY OF DD FORM 372 PER PNCS JONES (EPDS NRD LOS ANGELES CA). HARD COPY OF BIRTH CERTIFICATE WILL BE FORWARDED AS SOON AS AVAILABLE.

[Signature]
E R PASCUAL PN1 USN
MLEO BY DIRECTION

NAME (Last, First, Middle Initial) **MANN, MICHAEL ANTHONY** SOCIAL SECURITY NUMBER

32. CERTIFICATION OF RECRUITER OR ACCEPTOR

a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) **NAVY**, and certify that I have not made any promises or guarantees other than those listed in Item 31 above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) SALIM, MARIO	c. PAY GRADE E6	d. RECRUITER I.D. OR ORGANIZATION NR02A	e. SIGNATURE <i>[Signature]</i>	f. DATE SIGNED (MMDDYY) 950823
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SECTION V - RECERTIFICATION

33. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY

a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 33" and the correct information is provided below.

b. ITEM NUMBER 23A	c. CHANGE REQUIRED recodes (HS Diploma Issued by Garfield High School)
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d. WITNESS (1) TYPED OR PRINTED NAME PASQUALE FERRE	(2) PAY GRADE E6	(3) SIGNATURE <i>[Signature]</i>	e. APPLICANT (1) SIGNATURE <i>Michael Anthony Mann</i>	(2) DATE SIGNED (MMDDYY) 950702
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SECTION VI - REMARKS (Specify item(s) being continued by item number. Continue on separate pages (if necessary).)

DATE ASVAB ADMINISTERED: **950823**
 ASVAB VERSION: **016**
 ASVAB SCORES: GS AR WK PC NO CS AS MK MC EI VE
 50 57 54 50 62 60 99 60 48 53 53

950825: CLASSIFICATION INTERVIEW CONDUCTED.

[Signature]
 R T VALENZUELA PNI USN 567-89-3075
 ENLISTED CLASSIFIER PN2612

OFFICIAL

DD FORM 1966/4 ATTACHED (X one) YES NO

NAME (Last, First, Middle Initial) MANN, MICHAEL A. SOCIAL SECURITY NUMBER

NOTE

USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.

SECTION VII - PARENTAL / GUARDIAN CONSENT FOR ENLISTMENT

34. PARENT / GUARDIAN STATEMENT(S) (Line out portions not applicable)

a. I/we certify that (Enter name of applicant) MICHAEL ANTHONY MANN has no other legal guardian other than ~~me/ us~~ and ~~we~~ we consent to his / her enlistment in the United States (Enter Branch of Service) UNITED STATES NAVY
I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service.

b. FOR ENLISTMENT IN A RESERVE COMPONENT.
I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law.

c. PARENT
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) MANN, BONNIE M. (2) SIGNATURE Bonnie M. Mann (3) DATE SIGNED (YYMMDD) 950823

d. WITNESS
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) MAYS, KATRINA C. (2) SIGNATURE Katrina C. Mays (3) DATE SIGNED (YYMMDD) 950823

e. PARENT
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) MANN, LUTHER W. (2) SIGNATURE Luther Mann (3) DATE SIGNED (YYMMDD) 950823

f. WITNESS
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) MAYS, KATRINA C. (2) SIGNATURE Katrina C. Mays (3) DATE SIGNED (YYMMDD) 950823

35. VERIFICATION OF SINGLE SIGNATURE CONSENT

SECTION VIII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS

36. NAME CHANGE. If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE _____ b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD _____

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of _____ by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

d. WITNESS		e. APPLICANT	
(1) TYPED OR PRINTED NAME	(2) PAY GRADE	(1) SIGNATURE	(2) DATE SIGNED (YYMMDD)
(3) SIGNATURE			